the way home
COLUMBUS HOUSE INC

P.O. Box 7093
586 Ella T. Grasso Boulevard
New Haven, CT 06519
Administrative Office: 203.401.4400 x 106
Fax: 203.773.1430
www.columbushouse.org

To: Members of the Appropriations Human Services Committee
Testimony in support of *Columbus House Medical Respite Program*
Kelly Doran, M.D.
February 22, 2013

My name is Dr. Kelly Doran and I am here this evening to represent Columbus House, Inc., a homeless services provider in New Haven, in support of a Medical Respite Program at Columbus House. I am an emergency medicine physician in New Haven and also a researcher who focuses on the topic of homelessness. Over the past year and a half I have been working closely with Columbus House to study the health needs of people who are homeless in our community and come up with solutions.

People who are homeless face multiple risks to their health. They have high levels of chronic serious medical conditions, and often suffer from overlapping problems of mental illness and substance abuse. A study just published in *JAMA Internal Medicine* showed that people who are homeless have death rates 4.5 to 9 times higher than non-homeless people of the same age.

This is tragic for individuals, but also very costly for the health care system. Over the past year we have taken a closer look at the health care use of people who are homeless in New Haven. What we have learned is striking, though mirrors similar research that has been done nationally. We found that a group of 146 homeless patients made 1,689 emergency department visits and had more than 500 hospitalizations at a single hospital over the course of just one year. The majority of these patients, 78%, are insured by Medicaid. Another 6% have Medicare and 7% are dually insured by Medicare and Medicaid. The average cost to Medicaid of a single hospitalization for a homeless patient is around $4,825. Most homeless patients are discharged from the hospital back to the shelter or the street and quickly end up right back at the hospital. In fact, we found that 70% of homeless patients had a hospital readmission or repeat emergency department visit within 30 days of their discharge. Because they are publically insured, the high health care costs of homeless patients are falling squarely with the State and with Medicaid.

I want to tell you a story about a patient who highlights this revolving door between the hospital and homelessness. This is actually a patient I saw myself in the emergency department during one of his many visits. He is in his mid-50's and has a history of diabetes and chronic pancreatitis. He was hospitalized last year for abdominal pain, which was which was discovered to be due to an intestinal blockage. He was critically ill, requiring emergency surgery and a

prolonged ICU stay. But his real problems started when he was discharged from the hospital 11 days after his surgery. He was discharged to Columbus House with the optimistic plan that Visiting Nurse Services would come find him to provide wound care. But Columbus House is not funded for a day program so clients need to leave in the morning and return in the evening, and thus the visiting nurse was never able to find the patient. Four days after his discharge he returned to the hospital and had to be admitted for an infection of his surgical incision. He was treated for several days and again discharged to the shelter, only to again quickly return to the hospital for abdominal pain. In total, in just one month after his surgery he had 3 separate hospital admissions and one additional emergency department visit. This patient highlights the revolving door phenomenon, where patients are trapped cycling between the hospital to homelessness and back to the hospital. His story is not an unusual one.

The solution to this tragic and costly revolving door is a "medical respite program." These programs provide 24-hour recuperation and specialized services for patients who are too sick to be on the streets or in a traditional homeless shelter, but not sick enough to need a hospital bed. Studies have shown that medical respite programs can lead to reductions in future emergency department use, hospitalizations, and hospital readmissions. They have also been shown to improve patients' access to outpatient care, to help patients connect with permanent housing, and to potentially reduce health system costs. There are over 50 such respite programs in the United States but none in Connecticut. Columbus House is prepared to open such a Respite Program on-site at its New Haven shelter.

Over the past year, a team of people from Columbus House, Yale-New Haven Hospital, and other community service agencies has developed the plans for a medical respite program. The Respite Program would consist of 12 beds, and with a projected average length of stay in the program of 4 weeks, would be able to serve nearly 150 patients yearly. Patients would have 24-hour supervision, would receive medical care by Visiting Nurse Services and referrals to local health care providers, and would receive case management to help connect them with the housing and support they need to exit homelessness.

There are no waivers within the current Medicaid system to support the operational costs of a Respite Program for Columbus House. New funding is needed to pay for 24-hour supervisory staff, case managers and patient navigators, and the basic costs of keeping the doors open. We estimate that yearly operating costs will be $362,526. This equates to $83 per patient, per night – far less than the costs of a night in the hospital. We have calculated that for every $1 invested in a medical respite program, an additional $1 in savings above and beyond the program costs will accrue to the Medicaid program due to reductions in emergency department visits and hospitalizations.

A medical respite program for patients who are homeless just makes sense. I am confident that it is a win-win solution to a critical problem for some of the most vulnerable people in Connecticut. A medical respite program will result in better health for patients. It will save money for the health system. And it will help us end homelessness in our community.